



2013 Fitness Benefit

If you have a Blue Cross Blue Shield of Massachusetts health plan, we can help you save up to \$150¹ each calendar year in qualified health club membership fees.

What types of health clubs qualify?

You'll need to pick a full-service health club with a variety of exercise equipment, including:

- Cardiovascular equipment like treadmills and bikes
- Strength-training equipment like free weights and weight machines

To receive the Fitness Benefit for a qualified pay-as-you-go health club, get paid receipts from the club.

What expenses don't qualify?

You can't receive the Fitness Benefit for expenses for personal training, lessons, coaching, equipment, clothing, and any of the clubs below:

- Martial arts or yoga centers, gymnastics, tennis, aerobic, or pool-only facilities
- Country clubs or social clubs
- Sports teams or leagues

When can I get this benefit?

You can claim your Fitness Benefit after you've belonged to your health club **and** been a Blue Cross Blue Shield of Massachusetts member for four months in a calendar year. For example, if you join a health club in November, you will not qualify at the end of February. You would need to wait until you have been a member January through April to qualify.

¹What else do I need to know?

Most plans offer a \$150 fitness benefit, but your employer may have elected a different amount. Please refer to your benefits information to confirm your amount.

The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this benefit on your taxes.

Before starting an exercise program, be sure to talk with your doctor.

What do I need to do to get the Fitness Benefit?

1. Check to be sure that your coverage includes the Fitness Benefit.

2. Once you qualify, send us:

- The completed Fitness Benefit form—Remember: the \$150¹ is for each individual (or family) health plan. Submit only once each calendar year, no later than March 31 of the following year.
- A copy of your health club contract that includes the name and address of the health club and the membership or class dates.
- 8.5" x 11" photocopies of your:
 - Itemized, dated, paid receipt from your health club, or
 - Bank or credit card statements, or
 - Paycheck stub if your club fees are automatically deducted from that account.

Receipts or statements should include the name of the family member enrolled in the club and the individual charges for a full four months of health club fees.

Mail the form and copies of your health club contract and paid receipts or statements to the address at the bottom of the claim form on the attached.

Note: Keep copies of all the paperwork you send us. If any services are denied for payment, we do not return any receipts or contract copies.

2013 Fitness Benefit Form

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policy Holder)					
Identification Number (including first 3 letters)		Subscriber's Last Name		First Name	Middle Initial
Address—Number and Street		City		State	Zip Code
Employer's Name					
Member/Claim Information					
Member's Last Name		First Name		Middle Initial	Date of Birth: Mo. Day Yr.
Mailing Address (if different from subscriber's) Number and Street		City		State	Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (check one): <input type="checkbox"/> Subscriber (policy holder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policy holder) <input type="checkbox"/> Dependent (age 26 or younger)				
When to Submit this Form: <ul style="list-style-type: none">You can submit your claim once per calendar year after you have been a member of a health club and Blue Cross Blue Shield of Massachusetts for a full four months in a calendar year.You must submit your claim by March 31 of the following year.					
Health Club Information Required: Attach 8.5" x 11" photocopies of dated proof of payments and your health club agreement/contract.					
Name and Address of Health Club				Benefit Year	

Total Amount Submitted: \$ _____

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my health club membership.

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Subscriber's/Member's Signature: _____ Date: _____

**Please print, fold, and mail this form
(including copies of paid receipts and your
health club agreement or contract) to:**

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

Questions?

To verify this benefit is within your plan or for further information, please log onto the Member Central website at www.bluecrossma.com/membercentral or call the Member Service number on the front of your ID card.

